2522 Yale St., Suite 210
Houston, TX 77008
www.SapphireSmilesDentistry.com
832-409-0400

SAPPHIRE Smiles

INVISALIGN PAYMENT OPTIONS

We are pleased to offer several payment options to fit individual needs so that financial considerations are not an obstacle to achieving a healthier and more confident smile!

ALL INCLUSIVE INVISALIGN PROMOTION = $4,379

Your Invisalign treatment includes: initial consultation, panoramic xray, photos, teeth scan, Invisalign clear aligners, two rounds of refinement aligners, if necessary, one set of retainers, and all Invisalign treatment visits ($5,879 value)

☐ **Option 1: LOWEST TOTAL COST** (best value)
$3,779* paid in full by credit card, debit card, HSA, cashier's check, or wire transfer
**includes $600 new patient coupon valid for today only*

☐ **Option 2: LOWEST MONTHLY PAYMENT** (financed via Cherry, Proceed Finance, HFD, or Care Credit)
As low as **$203/month** with interest free options available* for up to 24 months, totaling **$4,879**
**subject to approval*

☐ **Option 3: LOWEST IN-OFFICE DOWNPAYMENT**
$900 down, then $397 bi-weekly* for 4 months, totaling $4,079**
**includes $300 new patient coupon valid for today only*
***must have credit card on file*

☐ **Option 4: INSURANCE PAYMENT** (reimbursement to patient)
$3,779* paid in full by credit card, debit card, HSA, cashier's check, or wire transfer with estimated reimbursement of $ _____ ** directly from insurance.
**includes $600 new patient coupon valid for today only*
***this is only an ESTIMATED amount and is NOT a guarantee of payment*

☐ **Option 5: INSURANCE PAYMENT** (reimbursement to office)
$4,379* - $900 down payment* - $ _____ (insurance estimate**) = $ _____ (due at delivery of first aligner***)
**must have credit card on file*
***this is only an ESTIMATED amount and is NOT a guarantee of payment. If the insurance policy terminates, the maximum runs out or is already used up, or does not cover the full estimate amount, the credit card on file will be charged for the remaining balance.*
****in approximately three weeks*

☐ Once payment terms are secured, there are no refunds.
☐ I understand and agree that I am being charged for Invisalign Data Collection (which occurs the day I pay or agree to payment terms) which has been requested and received as of the date I am signing this document. I understand and agree that all charges for Invisalign Data Collection and payments that I have made and payments that I have agreed to make are non-refundable and non-reversible for any and all reasons. I understand and agree that any attempt to reverse these charges, not fully pay these charges, dispute these charges, through financial and/or legal and/or any other means may and will incur additional costs. And I understand and agree that I will be fully responsible for any and all of those additional costs incurred by Sapphire Smiles.

Patient Signature: _____ Date: _____